



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Fall Soccer 2021

## Highlands County Family YMCA

**YMCA Soccer League  
Office: (863)382-9622**

**Player's Name:** \_\_\_\_\_  
**Date Of Birth:** \_\_\_\_\_ **Gender:** M F **Age (As of Sept 15):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_  
**Parent's Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Home#:** \_\_\_\_\_

**Members: \$75.00 / Non-Members: \$98.00**

Would you like to volunteer by being a coach?  
Head Coach \_\_\_\_ Asst. Coach \_\_\_\_

**Special Request:**(Requests are not guaranteed)

Permission to Play/Hold Harmless

I, the parent of guardian of the minor registrant and I will abide by all the rules of the YMCA Soccer League. By recognizing the possibility of physical injury associated with soccer and in consideration for the league accepting the registrant for its soccer program and activities, I hereby, discharge and/or otherwise indemnify that the YMCA, their employees, associated personnel, and volunteers against a claim by or on behalf of the registrant as a result of the registrant's participation in the programs. I have read and agree to these terms.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Check One  
(Age Group)**

**4-5 Years Old** \_\_\_\_\_  
**6-7 Years Old** \_\_\_\_\_  
**8-9 Years Old** \_\_\_\_\_  
**10-11 Years Old** \_\_\_\_\_  
**12-14 Years Old** \_\_\_\_\_

**Child's**

**Skill Level** (Please Circle)

\*First Season                      \*Beginner  
\*Intermediate                      \*Advanced

**Please Circle One**

**Adult Shirt Sizes**

Adult Small  
Adult Medium  
Adult Large  
Adult Extra Large

**Youth Shirt Sizes**

Youth Small 4-6  
Youth Medium 7-9  
Youth Large 10-11

# Youth Player Registration Form

## Player's Medical and Contact Information

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact #1:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

In case of emergency when parent/guardian cannot be reached, please contact the following:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please list player allergies:** \_\_\_\_\_

**Please list any other medical conditions:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical/Hospital Insurance Company:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine for dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment or injury will be based on the information provided herein. I hereby authorize emergency transportation of the warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the league and its affiliated organization, against and claim by or on behalf of the player's participation in the YMCA Soccer League.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

